

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	7.7	Till Oldarly)			
NAME(Last)	(First)	(Middle)	TELEPHONE		
MIYASATO	Myles	Y • • •	(808) 969–6657		
MAILING ADDRESS (Street)	:		FAX		
50 Waianuenue Av	renue	s.	(808) 969–3026		
(City)	(State)		(Zip Code)		
Hilo	HI		96720		
EMPLOYING ORGANIZATION (Fil	I in only if you are employed by a business er	ntity which has been retained to	lobby) TELEPHONE		
Hawaii Operating	g Engineers Industry Stabi	lization Fund	(808) 845-6221		
MAILING ADDRESS (Street) FAX					
1432 Middle Stre	eet		(808) 847-8048		
(City)	(State)		(Zip Code)		
Honolulu	HI	96819			

PART II ORGANIZATION		
Hawaii Operating Engin	(808) 845-6221	
MAILING ADDRESS (Street)	FAX	
1432 Middle Street	(808) 847–8048	
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PRE	TELEPHONE	
John Sweeney		(510) 337-3300
MAILING ADDRESS (Street)		FAX
1640 South Loop Road	•	(510) 337–3373
(City)	(State)	(Zip Code)
Alameda	CA	94502

PAR	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
[X]	Agriculture	[X]	Education	[X]	Human Services	[X]	Science, Technology & Economic Development
[X]	Communications & Public Utilities	[X]	Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[X]	Tourism & Recreation
[X]	Consumer Protection & Commerce	[X]	Hawaiian Affairs	[X]	Labor & Employment	[X]	Transportation
[X]	Culture, Arts, Historic Preservation	[X]	Health	[X]	Planning, Land & Water Use Management	[X]	Other: (indicate below)
[X]	Ecology, Energy Environmental Protection	[X]	Housing	[X]	Public Safety & Corrections		struction lated.

PART IV CERTI	FICATION OF LOBBYIST		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.			
<u> </u>	1 1 Mint	3-6-06	
<u> </u>	(Signature of Lobbyist)	(Date)	
PART V AUTHO	PRIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
		THE OF ACTIONIZING OF TIGEN ON PENSON REPRESENTED	
- Adrian 1	K. Keohokalole	Administrator	
NAME OF ODCANIZAT	TION (if applicable)	TELEPHONE.	
NAME OF ORGANIZA		TELEPHONE	
Hawaii (Operating Engineers Industry Stabil	ization Fund (808) 845-6221	
MAILING ADDRESS (S	Street)	FAX	
1432 Mie	ddle Street	(808) 847–8048	
		(655) 611 6515	
(City)	(State)	(Zip Code)	
Honolul	u HI	96819	
I hereby autho	orize the above - named person to engage	in lobbying activities on behalf of the undersigned.	
Adrian	Kethokalole	march 24 Ob	
	(Signature of Authorizing Officer or Person Rep	resented) (Date)	